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SMILING SUN FRANCHISE PROGRAM

**ANNUAL PROGRESS REPORT
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ACRONYMS

ARI	acute respiratory tract infection
BCCP	Bangladesh Center for Communications Programs
BRAC	Bangladesh Rural Advancement Committee
CBSG	Capacity Building Services Group
CDD	Control of Diarrheal Disease
CSP	Community Service Provider
DGFP	Directorate General Family Planning
DOTS	Directly observed treatment short course
DPT3	Diphtheria, Pertussis, Tetanus
DSF	Demand Side Financing
EQA	External Quality Assessment
EPI	expanded program of immunization
EMOC	emergency obstetric care
FAM	Finance and Administrative Manager
FP	family planning
FMO	franchise management organization
GFTAM	Global Fund for Tuberculosis, AIDS and Malaria
GIS	Geographic Information System
ICDDR,B	International Center for Diarrheal Disease Research, Bangladesh
IMCI	integrated management of childhood illnesses
LAPM	Long Acting and Permanent Methods
MIS	management information system
MO	Monitoring Officer
MOHWF	Ministry of Health and Welfare
NGO	nongovernmental organization
NSDP	NGO Service Delivery Program
NTP	National Tuberculosis Program
OP	operational plan
PAC	Post abortion care
PD	project director
PDSA	Plan-Do-Study-Act
PMP	performance monitoring plan
PNC	postnatal care
QMS	quality monitoring system
RH	reproductive health
RFA	request for applications
RFP	request for proposals
RTI	reproductive tract infection
SS	Smiling Sun
SSFP	Smiling Sun Franchise Program
SMS	Short Messaging System
STI	sexually transmitted infection
TB	tuberculosis
TOT	Training of Trainers
USG	U.S. government

EXECUTIVE SUMMARY

During the second year, SSFP made significant progress towards its goal of expanding health services and converting the Smiling Sun NGO network into a social franchise. The second year allowed us to assess approaches implemented in Year 1 and consolidate lessons learned to further our goals and address gaps in performance that were identified at the close of Year 1. The technical activities in Year 2 were intended to produce results in the areas of service delivery, client and stakeholder satisfaction, and financial sustainability. Towards increasing service delivery, SSFP focused on improving results in Antenatal care and deliveries assisted by a skilled birth attendant; Child health services---DPT3 immunization, newborn care, vitamin A supplementation, treatment for Acute Respiratory Infection (ARI) and diarrheal disease, and; increasing the use of long-term and permanent methods of contraception. Capacity building was at the forefront of SSFP's efforts to enhance operational efficiency, provide consistent quality among clinics, address critical public health needs, and provide services to the poorest of the poor. SSFP implemented numerous cascading trainings, which filtered down to all levels of the franchise. These trainings ranged from clinic management and care to service delivery trainings. In addition to these areas, we have emphasized SSFP's relationship with all stakeholders, specifically with the Government of Bangladesh (GoB) and our NGO service delivery partners. SSFP's implementation of its advocacy strategy and relentless efforts to further orient the government on project activities and improve coordination with GoB priorities and programs has resulted in GoB support of the program. This improved relationship was evident when, recognizing SSFP as an important partner in its extended program of immunization (EPI) activities, the GoB appointed SSFP as a member of the Ministry of Health and Welfare's (MOHFW) Inter-Ministerial Coordination Committee (ICC). SSFP also achieved impressive gains in sustainability, increasing the cost recovery from 20 percent at the beginning of Year 2 to 34 percent (including RDF markup). The program made significant gains in securing strategic partnerships that represent important cost savings for the project now, and lay the foundation for future relationships with the Franchise. Such achievements include receiving donations of five ambulances from Grameen Phone and a clinic by Chevron. At the same time, SSFP and NGOs continued working on improving quality of care to build traffic to the clinics and create loyal clients that are eager to share their positive experience at the SSFP clinics with others.

SECTION II. YEAR 2 ANNUAL REPORT

A1. Performance Outcome 1: Smiling Sun Franchise network is in place and a local Franchise Manager organization is competently managing the franchise operation.

Capacity Building. Developing strong organizational capacity is essential to the success of the SSFP network, and SSFP implemented a number of important trainings, using training manuals translated to Bangla and the training of trainers (TOT) approach to maximize NGO participation.

Smiling sun franchise program management & operations

In an effort to promote organizational efficiency and ensure adherence to SSFP standards, Existing English training materials for program management and operations were translated into Bangla and restructured to be used in a TOT approach. SSFP maximized NGOs participation, enhanced ownership, and reduced costs to ensure greater programmatic sustainability.

MIS and Tally (Accounting software) Training

After analyzing the current clinic operations and financial recording practices, a financial software package called “Tally” was introduced and installed in the three pilot clinics. The new system allows SSFP to capture data from clinics on a daily basis and ensure uniformity, quality, and accuracy of data across clinics. SSFP’s MIS department made available hands-on training for staff at the three pilots. This ongoing process allows managers to determine whether the SSFP program is achieving its goals. To facilitate this supervision, SSFP has created a new financial monitoring tool — integrated with the Web-based MIS — that will simulate an electronic dashboard, enabling program managers, franchisees, clients, and stakeholders to see at a glance all relevant financial information required for tracking progress toward business-plan sustainability targets, proper monitoring, and informed decision making. Eventually all clinics in the network will use software-based accounting systems instead of manual ones.

Financial Management Training. The Franchisee and Cost Center Finance and Accounting Manual were completed. This manual serves as the basis for the curriculum for the TOT course and cascade trainings.

Smiling Sun Clinical Services Management Orientation

The Clinical Services Management Orientation manual was developed by members of FTST and FOT in early 2009. Project Directors, Monitoring Officers and selected Clinic Managers were trained on the subject matter. They, in turn, trained clinic staff. The objective of the training was to orient NGOs and clinic staff on SSFP clinical service standards to ensure that quality health services are offered to the clients of Smiling Sun clinics.

Franchise Performance Monitoring. During Year 2, FOT, NGO Project Directors, MIS Officers and Finance Managers visited 110 clinics in the network as part of their regular monitoring visits to assess performance and quality. The NGOs received specific guidance and feedback to improve clinic service performance. Monitoring visit findings of SSFP and NGO staff were discussed at the quarterly Clinical Quality Council meetings and have been entered in the clinic visit database. Also, SSFP facilitated clinic level upgrade and maintenance trainings for all staff of franchisees that were scheduled for clinic upgrades to reinforce consistent quality management, marketing and brand

promotions and infection prevention. NGO staff has been trained to use data for project performance improvement and decision making.

Operations research. The majority of SSFP's operations research efforts focused on stimulating demand for the services that experienced a downturn in Year 1. During the first quarter, the Franchise Development Team (FDT) crafted concept papers for feasibility studies to establish a Maxi Clinic, increase operational efficiency, conduct a pricing study, and begin home-delivery services. The price elasticity of the Tongi and Begumganj clinic fees was also calculated. In the second quarter, an analysis of the trends in program income from 29 NGOs was conducted and findings were presented during the performance management workshop and assisted NGOs during the revision of their action plans. Focus group discussions were held regarding the most efficient engagement of community service providers (CSP) to identify areas where CSPs may expand services, areas where their current service provision is not cost-effective, and what additional support they would require. During the third and fourth quarters, questionnaires were developed for studies on the sustainability of home delivery service. Additionally, a desk study was completed on the use of zinc supplements to control diarrheal disease.

Network image strengthening. Smiling Sun brand awareness is one of the network's greatest assets in strengthening and creating client loyalty. The Bangladesh Center for Communication Programs began its work on brand and service promotion in Year 2 through community mobilization of Health Marketing Executives providing hands on guidelines and technical assistance on community mobilization work in 40 clinics.

Brand and Service promotion and Clinic-level marketing.

The FDT worked with the selected ad agency to develop a plan for community mobilization by activating health clubs. FDT also created a capacity-building plan and rolled out formal training in brand and services promotion for clinic staff. The co-branding policy and the design for the signage were finalized with partner feedback. FDT incorporated all brand-related designs and templates into the SSFP Brand Manual in order to strictly maintain the uniformity and integrity of the brand at all levels of the network. FDT designed and printed posters and leaflets on ANC and PNC. The team worked with the one of leading pharmaceuticals, ACME Laboratories, and also designed and printed CDD posters to be used in the static and satellite clinics and in the community gathering places. CDD leaflets and bookmarks were provided to the service providers. Additionally, a local level marketing guideline was developed and shared with Franchisees. A consultant from Howard Delafield International (HDI), helped develop two documents: (1) The Smiling Sun Local Clinic Marketing Planning Manual, and (2) The Prototype Smiling Sun Local Clinic Marketing Plan.

SSFP has sought to promote SS clinics and brands using low-cost wide reach interventions such as mobile phone messaging (SMS), taking advantage of the 40 million mobiles phone users in Bangladesh. Some of the clinic-level activities implemented include:

- **Vouchers.** A draft of the voucher system for participating member factories, BGMEA, was developed.
- **Health clubs.** An initial concept of community health clubs was developed by BCCP and orientation was provided to CSPs in four pilot clinic areas. These clubs are community based discussion groups that aim to strengthen relationships using the existing social communications network. CSPs will be responsible for organizing and leading the community health clubs.

- **Loyalty programs:** SSFP service promoters are encouraging satisfied customers to speak on behalf of SS clinics in order to increase Smiling Sun clinic clientele.
- **Leaders of Influence (LOI) participation.** Participants (religious and opinion leaders) of LOI programs visited Smiling Sun clinics to learn about clinic services and inform their community about the network. Building on this relationship, LOI participants attended the launch of cervical and breast cancer screening at the Tongi clinic. SSFP developed a campaign plan to raise awareness among imams and other religious leaders on prevailing health issues as well as services offered by Smiling Sun clinics.
- **Community promotion:** 29 meles and promotional activities were held to bring traffic into SS clinics.
- **Community based mass media:** Jointly with SSFP, the advertising agency BCCP has finalized story concepts to promote Smiling Sun clinics' services.

Strengthening ties with GoB. SSFP finalized its advocacy strategy in the first quarter and worked to strengthen ties with the government, at both the central and local levels, throughout the year. Numerous meetings were held throughout the year to share information about project activities and objectives and explain how they supported GoB and USAID health goals. For example, over the course of the year, SSFP representatives met with A.M.M. Nasir Uddin, Health Secretary, Mr. SK Altar Ali, Health Secretary, Mr. Mohammad Abdul Qayyum, the Director General of Family Planning, and Mr. Kazi Mohammad Shafiul Alam, Director, Family Planning, Chittagong Division. Additionally, in December DGFP, SSFP, USAID, and franchisees met regarding couple registration and domiciliary services in the SSFP catchment areas. SSFP's consistent efforts to further orient the government on project achievements and improve coordination of program activities have resulted in GoB support of the program. For example, the GoB recognized SSFP as an important partner in its extended program of immunization (EPI) activities and appointed it a member of the Ministry of Health and Welfare's (MOHFW) Inter-Ministerial Coordination Committee (ICC) for the first time.

Tripartite Review Meeting. SSFP held a tripartite review meeting attended by SSFP, the GoB and USAID in August. The purpose of the meeting was to review project achievements, discuss key areas needing improvement and garner GoB support for SSFP's Year 3 plans.

Collaboration for Long acting and permanent family planning methods. SSFP met with the Line Director, CCSDP, and DGFP. During the meeting, the GoB agreed to provide training to SS doctors and paramedics on LTFPM under DGFP's training program free of cost to SSFP. This collaboration provides a cost savings to the project of approximately \$300 per paramedic and \$735 per medical officer trained.

GIS. SSFP provided the GoB with 2008 MIS data on clinic locations, customer contacts, number of patients admitted and their average length of stay in Smiling Sun Ultra clinics (per patient). SSFP's enhanced GIS system, which allows the mapping of existing and potential clinics, allows greater coordination with the GoB and effective planning.

Strengthening Franchise governance. During the second year, SSFP fostered ownership among partnering organizations mainly through active participation in developing common health interventions and in making strategic decisions for franchise development.

Membership Council meeting. SSFP held regular meetings with the Membership Council to engage partners in reviewing achievements and planning future activities. The council selected eight representatives of partnering NGOs to form its first set of governing directors, who, in turn selected two members to represent partnering NGOs as members of the SSHS board of directors. Also during this meeting, the Council elected the members of three committees, including the staff retention, cost recovery strategies, and service pricing committees. The NGO/Franchisee Membership Council reviewed and approved important documents throughout the year, such as the Comprehensive Compensation Plan and the draft Franchise Legal Agreement.



Figure 1: Community members launch the Smiling Sun clinic in Banshbaria, Meherpur

A total of 29 clinics were launched in year 2, with the active endorsement of local authorities and community leaders. In all of the communities, Smiling Sun clinics were praised for their quality of care and attractive look. In addition, the communities were actively involved in the launch of the clinic and participated in several activities, including community rallies and health knowledge contests. Conversion included enhancing clinics to improve quality of care, developing/implementing business systems, upgrading facilities (crucial to improving quality), and marketing services to build client traffic. In December of 2008, representatives of 15 franchisees attended a day-long meeting to share their experiences with conversion and identify results and best practices and assess impact. Meeting participants found that — for clinics that had converted — the conversion increased demand for services, the number of customers per service, community involvement, the number of GoB and community visitors, and employee enthusiasm.

FMO Board of Directors Meetings. SSHS's board of directors, composed of Smiling Sun NGO members elected by the Membership Council and by civil society representatives, including respected women, public health experts, and businesspeople, held regular meetings throughout the year to discuss franchise progress and development. In April the Board of directors met and made several important decisions, including voting on a new Chairman of the Board. An additional representative from the Membership Directorate, comprised of NGO representatives, was requested to sit on the Board, thus having equal membership from the civil society and network members.

Advisory committee. The SSHS Advisory Council met formally for the first time to identify potential areas of collaboration, new stakeholders, and future actions. The Advisory Board brings important members of the medical and health community in Bangladesh together, including the DGFP, DGHS, MOHFW, WHO, ICDDR,B, UNICEF, and USAID, who will advise the network as it grows.

B. Operations and Administration

Registration. In November 2008, the Smiling Sun FMO received a Trust Registration Certificate to operate as the Smiling Sun Health Services Trust. The process to register the FMO as a company under the Companies Act of 1994: Section 28 as a not for profit company has continued during Year 2.

Personnel. SSFP recruited personnel for the Procurement and Logistics Specialist, Grants Specialist, Look and Layout Associate, Franchise Operations Officer, Project Communications Specialist, Strategic Partnership Consultant and three Clinic Quality Audit Consultants. Recruitment is in process for the Franchise Manager position, Health Training Specialist. Approval requests have been submitted for the Franchise Operations Officer, Procurement and Logistics Specialist. All positions are expected to be filled in Year 3. Several Chemonics home-office staff provided technical assistance to SSFP in Year 2. Home-office experts were fielded for the following assignments: administrative audit; grants assessment; communications; ethics/governance; grants technical support; annual report writing/year 3 work planning; and a field accounting assessment.

Property Management. SSFP had initially planned to repair two vehicles. Since the repair costs were found to be expensive, SSFP has decided to hire two rental cars to reduce the costs.

Project Policy. SSFP finalized the Policy and Procedure Manual as well as the Procurement Policy. This will allow SSFP to quickly and smoothly implement project activities in a transparent manner. SSFP is in the process of purchasing computers to connect clinics to the MIS system and medical equipment to ensure adequate quality of care and to facilitate conditions for crossed subsidization at all levels of the network.

A2. Performance Outcome 2: Smiling Sun NGOs and their clinics continue service delivery with a reduction in grant money while continuing to provide quality services to the target population

Financial Management Training. SSFP developed financial tools and trainings designed to prepare the franchisees for operational sustainability. The franchise operations team (FOT) developed a curriculum and a manual for a three day Bangla Training of Trainers (ToT) on financial management for clinic staff. The FOT also guided partnering NGOs in developing clinic statements for program performance monitoring. These statements link financial and service statistics and will help clinic managers, PDs and SSFP monitor clinic and NGO performance. Financial Management Training was provided to improve skills and knowledge of Finance Directors, Finance and Administration Managers and Account Officers.

Financial training process. A four day training of trainers (TOT) curriculum on Financial, Inventory & Logistic Management for clinic staff in Bangla was developed and rolled out. In support of this training, a final draft of the Franchisee and Cost Center Finance and Accounting manual was completed. This manual will establish common and standard financial management systems within the Smiling Sun network.

Clinic management. As part of the ongoing conversion process, a clinic-level orientation was organized in 22 clinics this quarter to train clinic staff on various areas of Smiling Sun clinic management. SSFP also held a three-day training session for 30 participants from eight franchisees on clinic management and operations, brand management, and

quality and infection prevention. In addition, the training manual for “Smiling Sun Franchise Operation and Management” was translated from English to Bangla.

Franchise training. FTST worked with the SSFP conversion team and —with FOT doctors — conducted franchise training for eight franchisees on clinical services management. The training covered management of all the components of essential services package, infection prevention, laboratory services, rational drug use, and quality of care.

Mexico City Policy (MCP). FTST oriented new SSFP staff on MCP and conducted a refresher session for other staff. In addition, they reviewed and revised MCP monitoring tools — as well as the database — based on last year’s experiences and findings. FTST and FOT also conducted MCP monitoring visits to 14 clinics and 7 franchisees headquarters. The monitoring visits revealed that the service providers had satisfactory knowledge and that their MCP documents were in full compliance with SSFP policies.

Training development for pilot clinics. The FOT team worked closely with other teams to develop and deliver the training module to the three pilot clinics. FOT members played a key role in conducting the training sessions and developing training materials, with guidance from Sibley International’s franchise advisor. In addition, SSFP has signed a memorandum of understanding with seven professional institutes that provide clinical management training to help develop the training curriculum.

Contracts and grants management. The contracts and grants team continued their thorough management and review of the NGO grants during Year 2. Franchise documentation continues to improve and cost recovery has risen to 34 percent.

Dipshikha Close out. Following a comprehensive review, the Dipshikha grant agreement was terminated in January 2009. This agreement was cancelled due to noncompliance with USAID rules and regulation. SSFP worked quickly with Palashipara Samaj Kallayan Samity (PSKS), who was already operating clinics in the region, to take over operations of the Jhenidah clinic and continue service delivery.

Financial monitoring visits. During Year 2, the grants team visited 29 NGOs and 32 clinics to review grants management and internal control systems and provide recommendations for improving NGO accountability, transparency, documentation, budgetary control and fund management, procurement procedures, local law compliance, and accounting records.

Partner NGO audits. An external audit, which is one of the financial control mechanisms to review proper utilization of funds, verify compliance and ensure transparency, was conducted for all the 29 NGOs. A desk audit was carried out for the NGO that was terminated earlier this year. All NGO financial records were updated and all concerned parties have taken action to address the concerns identified in the audit reports.

Franchise development fund. SSFP submitted a program income plan to USAID for Smiling Sun Health Services and all partner NGOs that discusses how program income fits within the Franchise Development Fund (FDF), the FDF’s evolution, and its relationship with the declining grants approach. FOT and the Grants and Contracts team refined various modules related to the RFA process, including the program income utilization plan, franchise clinical training schedule, business plan template, and user fee

table. FOT also evaluated technical issues like the rationale of expansion, quality aspect, market feasibility, and staff use by clinic and provided feedback to the grants and contracts team. The second RFA was released in May and applications were received in June. All 29 NGO partners participated. As required in the RFA, the NGOs submitted detailed business plans (both narrative and financial) for the period from August 01, 2009 to September 30, 2010. This year for the first time, the organizations submitted organizational details and a financial proposal in an ACCESS database developed by SSFP. This new database provided uniformity throughout the network and allows for comparison and compilation of important financial and service statistic projections and planning. It also allowed the clinics to develop more realistic projections in each service category. The objective of the RFA process is to build NGO capacity to develop strong and credible proposals and allow them to effectively perform in a competitive environment.

Clinic rationalization. SSFP developed a concept paper on clinic rationalization and expansion, which included a list of pre-identified upazillas where rationalization and expansion could occur. Upon further discussion with USAID, this activity was postponed.

Policy and advocacy. SSFP finalized several operational policies this year, including the procurement policy, franchise compensation plan, and an advocacy strategy, intended to guide the project and FMO. The SSFP Statement of Values (ethical guidelines) was also drafted to assist the franchisee staff at all levels to serve the patients with dignity, honesty and respect and to promote transparency.

Strategic partnerships. SSFP has invested significant time in pursuing strategic partnerships to raise additional funds in support of the FMO and provide quality healthcare services for the poorest of the poor. Twelve proposals were sent to potential organizations during year 2 and many meetings with potential partners were held. MOU's were signed with the Bangladesh Garments Manufacturers and Exporters Association (BGMEA), Family Health International (FHI) and Acme Laboratories for joint collaboration in various services. Proposals were sent to both Emirates and Maersk Line with the goal of increasing service contacts while simultaneously reaching the poorest clients through third party payers. A proposal was sent to CEMEX in September with the goal of managing a community clinic for CEMEX in Narayanganj; a vast CSR intervention. Potential partnerships from the previous quarter are still in different stages of materialization.

Bangladesh Garment Manufacturers and Exporters Association (BGMEA). This agreement opens the door for Smiling Sun clinics to offer services to participating garment factories at a per-capitation based fee.

ICDDR, B. The Smiling Sun Network teamed up with the International Centre for Diarrheal Disease Research, Bangladesh's (ICDDR,B) SUZY (Scaling-up Zinc for Young Children) Project to strengthen the capacity of SSFP's clinical service providers to treat diarrhea with zinc tablets to reduce the occurrence, reoccurrence, and severity of diarrhea cases in children under five. ICDDR,B has trained all network monitoring officers and staff from six Smiling Sun clinics (belonging to six different franchisees in and around Dhaka) how to recognize diarrhea cases, how to treat them, how/when zinc should be administered, why zinc should be administered in conjunction with oral re-hydration salts (ORS), and when to refer severe cases to a higher level treatment center. Smiling Sun monitoring officers have begun providing cascade training to their clinic staff.

Chevron Bangladesh. This year, SSFP and Chevron developed a partnership that resulted in the donation of a clinic by Chevron to the SSHS franchise. Chevron supports SSFP's double bottom line approach and will be working with SSFP and SSKS to improve the sustainability of the Chevron-donated clinic. The partnership with Chevron Bangladesh was strengthened through the launch of the Shastipur Smiling Sun Clinic in Sylhet in August. The launch was coordinated by SSFP and attended by the Health Minister as the chief guest, the President of Chevron Bangladesh, Mission Director of USAID.



Figure 2 US Ambassador James Moriarty attends the launch of the clinic donated by Chevron in Sylhet.

Grameenphone's Safe Motherhood and Infant Care Project (SMIC). Grameenphone, through Pathfinder International, reimburses costs for ante-natal care visits, delivery (normal and c-section), post-natal visits and IMCI consultations for the poorest of the poor customers at all 319 Smiling Sun network clinics. To better track this collaboration SSFP developed a separate module in its existing MIS database to capture data related to the SMIC project. All Project Directors and MIS Officers were trained on the record keeping and reporting system to ensure an information flow from clinic to NGO HQ and NGO HQ to SSFP. In addition, Grameenphone donated five ambulances to NGOs in the network to shorten response time to emergencies and transfer/refer patients to larger facilities when the need arises.



Figure 3. Grameenphone donates five ambulances to NGOs in the Smiling Sun network.

ACME. SSFP partnered with ACME Laboratories, a leading pharmaceutical company, to control diarrheal diseases. Under this partnership ACME provided the design time, 10,000 posters, 6,000 bookmarks, and 100,000 leaflets to the network's CDD promotion intervention that was launched the first week of June.

Family Health International (FHI). SSFP signed an MOU with FHI's Bangladesh HIV/AIDS project and launched two pilot satellite clinics in FHI's Integrated Health Centers (IHC). This unique collaboration provides a full range of family planning, maternal health and limited curative care services to the female sex workers who visit the IHC, who may not otherwise seek care. Satellite teams from SSFP partner Concerned Women for Family Development (CWFD) are now providing testing services (e.g. pregnancy test, blood sugar, blood grouping etc.), beyond HIV tests the IHC previously provided, and access to modern contraceptive methods.

B3. Performance Outcome 3: NGO clinics, satellites, and community workers continue to expand the volume of clientele (especially for key essential service delivery services), coverage of poor clients, and range of services available and quality of care.

Service Delivery Strengthening. SSFP worked to improve the service delivery trends that had seen a decline at the close of Year 1. SSFP acted to identify and address the causes by creating task forces in Maternal health, child health, family planning & reproductive health and TB, organizing clinical trainings to strengthen and improve services providers' ability to perform family planning, safe motherhood, and child health services, and conducting promotional campaigns for particular services including ANC to increase customer flow, and coordinating approaches with strategic partners, GoB and USAID to expand services. By the end of Year 2, overall, service output was higher than in Year 1 in most areas, including maternal health (safe deliveries). The supply of modern contraceptives continued to grow and the proportion and number of POP also increased.

Maternal Health.

Training. To ensure that the service providers have sufficient knowledge and skills, training was provided in reproductive health (RH) for paramedics; safe delivery for paramedics and medical officers; birth planning and community support group for monitoring officers, clinic managers, all clinic staff and CSPs; cervical and breast cancer screening for medical officers and paramedics; comprehensive PAC for medical officers and paramedics and essential newborn care for CSPs.

In late February, a training of trainers (TOT) was conducted by SSFP staff to build the capacity of eight trainers in delivering trainings to SS clinic managers on male involvement in birth planning, setting and defining roles for the community, clinic level quality circle, and zinc in diarrhea management. After completion of this training, clinic managers trained their clinic staff including community service providers (CSP) and established one community support group (CSG) under each static clinic. SSFP's training partner Obstetrical and Gynecological Society of Bangladesh (OGSB) provided safe delivery training to paramedics.

Promoting Maternal Health services in Smiling Sun Clinics. In connection with International Women's Day, celebrated on March 8, the SS network launched a month-long ANC Promotion Intervention, utilizing posters, brochures, leaflets, and EmOC cards. Campaign performance was analyzed and network wide ANC services increased 31.7 percent and PNC increased 9.2 percent compared to February statistics. EmOC cards were printed for use as a counseling tool for pregnant women and their family members on birth planning, emergency preparedness, danger signs of pregnancy and child-birth, and care during pregnancy including information on nutrition. A job aid was also developed to assist service providers to counsel appropriately.

Child Health. SSFP participated in the National Working Team of IMCI's national meeting. The child health task force met regularly to review and monitor Smiling Sun's network IMCI performance. The task force also developed a two page guideline on the uses of pediatric cotrimoxazole for all service providers including CSPs. Smiling Sun clinics also participated in the National Vitamin A+ campaign and served over one million (1.231M) children <5 years of age and an IMCI/ DGHS workshop to develop a government standard training curriculum on ANC, PNC, and ENC for community health workers.

Training. A TOT on C-IMCI was arranged for paramedics and service promoters of Smiling Sun clinics. The training strengthened service promoters' knowledge on addressing child health issues in the community and increasing awareness. In addition,

paramedics benefited by receiving skills to offer child health services for under five children together by also addressing quality issues.

ARI Root Cause Analysis. During Year 2, SSFP noticed a drop in acute respiratory infection (ARI) when comparing similar months over the last two years. The team performed a root cause analysis and identified five causes: absence of specific marketing and promotional campaigns; reduced supervision and monitoring by FOT as well as Franchisees; insufficient trained manpower in the network; misclassification and under reporting of ARI cases; and the lack of pediatric Cotrimoxazole tablet. Consequently, SSFP teams have been working on action plans to improve the provision of ARI service.

Training. Paramedics and doctors received basic training on integrated management of childhood illnesses (IMCI). This 11-day training strengthens the capacity of Smiling Sun service providers to care for children under 5 in the areas of control of diarrheal disease (CDD), acute respiratory infection (ARI), immunization, and nutrition.

Promoting IMCI in Smiling Sun Clinics. This year, SSFP strengthened Integrated Management of Childhood Illnesses (IMCI) at all network levels to generate demand for services. Job-aids on child health were updated for use by service providers, including CSPs. These job-aids enhance the knowledge of service providers and help provide quality healthcare. A promotion intervention was planned and designed on CDD. Following Smiling Sun's business model of diagnose, treat/manage/ and prevent. Zinc is now being prescribed along with ORS as treatment. Water purification tablets are being promoted as an effective preventive measure for CDD. Posters and leaflets on the use of zinc were developed along with our partner ACME and distributed to the clinics through NGOs with specific guidelines on how to use the materials. A bookmark was designed with detailed information as a CSPs job aid/promotional material on how and when to take zinc tablets and what management and preventive measures should be taken for CDD.

Family Planning and Reproductive Health. Family Planning. In anticipation of the addendum to Policy Determination 3 (PD3), SSFP actively explored the possibility of collaborating with DGFP and EngenderHealth (EH) to promote access to and strengthen SSFP's long acting and permanent methods (LAPM) service provision. The provision of long term and permanent methods has proven difficult. The family planning task force has analyzed the data and the two main causes for low performance in long term and permanent methods are linked to the inability of Smiling Sun clinics to provide compensation for long term methods as well as the attrition of trained staff. SSFP is confident that this trend will begin to reverse with the start of GoB trainings on LAPM for paramedics new to the Smiling Sun network, as well as the PD3 determination that SSFP received in August.

Training. This year paramedics received training through the Family Planning Clinical Services Course (FPCSC). These paramedics strengthened their skills via lecture and practicum on intra-uterine device (IUD) insertion/removal, the birth control pill, condoms, and injectables. The participants also improved their counseling skills on different temporary and permanent FP methods. In an effort to reduce TFR by increasing LAPM, the GoB provided trainings to Smiling Sun service providers on LAPM, resulting in a significant cost savings to SSFP. With the support from DGFP, 31 service providers received training on Implant and 61 received training on LAPM free of cost.

Promoting Family Planning services in Smiling Sun clinics.

Other Reproductive Health. SSFP trained 130 service providers in ORH, which has helped raise awareness on services related to ANC, PNC, counseling of pregnant mothers on hygiene, nutrition, the TT vaccine, and delivery care of pregnant mothers including the components of each service.

Sexually Transmitted Infection (STIs)/ Reproductive Tract Infection (RTIs). Doctors and paramedics received training on STIs/RTIs, which included information on case management approaches and prevention communication. Lectures and practicum sessions reinforced their capacity to provide quality service and case management for STIs/ RTIs.

Cervical and Breast Cancer Screening. In March, SSFP launched a new service – cervical and breast cancer screening at PSTC's Aftabnagar and Swarnivar's Tongi clinics. Cervical cancer screenings were done using the cost effective visual inspection with acetic acid (VIA) method to identify precancerous lesions in the Cervix. By the end of Year 2, 798 women had been screened for both cervical and breast Cancer at SS ultra clinics. Out of those cases, 97 were VIA + ve cases and 50 were CBE + ve cases. SSFP collaborated with UNFPA and BSMMU to provide this low-cost screening method to SS patients.

Training. Twenty-four service providers (Doctors and paramedics) received training on cervical and breast cancer screening program for implementation in SS Ultra clinics. Through this training, service providers of SS clinics will be able to diagnose suspected cases of cervical and breast cancer in women and accordingly refer them to the appropriate center for treatment. (Training section can go before the heading of Cervical and Breast Cancer Screening as providers are receiving training first and then they are providing services).

Tuberculosis. SSFP is contributing to the National Tuberculosis Control Program by strengthening NGO capacity to deliver DOTS in urban areas. Six Smiling Sun clinic microscopy centers received microscopes from the National Tuberculosis Control Program (NTP) to replace damaged equipment. To improve the services provided for Tuberculosis (TB), the TB taskforce met consistently during Year 2. Team members analyzed data regarding technical and service issues from Smiling Sun clinics offering DOTS. SSFP also signed an MOU with the National Tuberculosis Program (NTP) in May. This MOU ensures availability to deliver services and to expand service range. The MOU also ensures that Smiling Sun DOTs centers are equipped with the appropriate resources, such as valid documentation, equipment and supply of medicine. The MOU between BRAC and SSFP was extended to April 2011 and provides GFATM funds that allow 9 SSFP partner NGOs to implement TB programs in 56 clinics.

Training. A total of 21 Smiling Sun clinic staff members were trained in TB related areas in Year 2. Participants received training in TB diagnosis and treatment, laboratory diagnosis, and community awareness. SSFP and the 9 partner NGOs who receive GFATM funds participated in a five-day Financial Management Training. The training has strengthened their ability to manage the GFATM TB funds. SSFP arranged DOTS trainings for the service providers and management staff at relevant Smiling Sun Clinics. The staff learned about the tools for TB diagnosis and efficient management of recording and reporting TB services.

Diagnostic Services. The diagnostic services taskforce was formed for tracking and monitoring the diagnostic service components with an objective to stimulate the demand for services and ensure that supply, technical and promotional approaches, and the implementation process are all in sync. A new format has been introduced to the NGOs and clinics, which allows NGOs to send data on their lab services through the network MIS. This new format is more efficient because it retrieves data for each component of lab testing faster. With this initiative, relevant data on service contacts and revenue per item can be easily and more quickly collected and analyzed.

Logistics Management. Significant progress was made during Year 2 regarding logistics and procurement management. MOUs between eight pharmaceutical companies, all 29 NGOs and SSFP were signed. This includes two companies who can provide required generic medicines to the Smiling Sun network at a reduced price. Overall SSFP negotiated a 23 percent discount off the MRP. This will allow clinics to retain a small mark-up on medicine while still providing low cost commodities to their customers. Potential vendors were short-listed and submitted quotes for the procurement of EMOC equipment. To resolve a stock out problem with pediatric cotrimoxazole tablets, SSFP negotiated to have a private firm, who exports the drug for UNICEF, produce 800,000 tablets within eight days. This represents a first in Bangladesh, as typically pediatric cotrimoxazole tablets can only be produced by the GOB pharmaceutical company. Additionally, the procurement and logistics manual was drafted and training materials were developed. The associated training and manual are currently being rolled out. During Year 2, SSFP has compiled information about clinical equipment needs.

Quality Monitoring System. To strengthen quality and increase customer flow in the clinics, steps have been taken at the clinics to emphasize the quality circle. Clinical Quality Council (CQC) meetings were held on a quarterly basis and included monitoring officers (medical), project managers, and project directors of all franchisees. The objectives of each meeting were to introduce the idea of clinic-level quality circles and how to implement them, to update the revised Access-based QMS database, to underscore the responsibilities of monitoring officers, and to equip participants with basic negotiation skills. The quality circles will enable clinics to assure, maintain, and improve the quality of their services. Quality Monitoring and Supervision (QMS) visits and monitoring of Clinic Level Quality Circles (CLQC) have been carried out regularly through Year 2. Using the new QMS tools, about 277 (87 percent) clinics have had a QMS this year. The MIS team developed and rolled out a Microsoft Access–based quality monitoring and supervision (QMS) database to ensure the quality circle concept was implemented at Smiling Sun clinics. The revised tool has added a customer dimension to the previously service provider and infrastructure dimensions. During the final quarter of the year, SSFP began conducting an external quality audit of the services provided by SSFP clinics to assess adherence to SSFP clinical guidelines and operational standards and identify service quality inconsistencies.

Basic clinical training. To ensure a high quality of services at each Smiling Sun clinic, service providers were trained to perform their responsibilities competently and ensure compliance with SSFP standards. A table summarizing clinical training for service providers can be found in Annex B.

Clinic management. As part of the ongoing conversion process, a clinic-level orientation was organized to train clinic staff on various areas of Smiling Sun clinic management. SSFP also held a three-day training session for 30 participants from eight franchisees. The first day focused on clinic management and operations, the second day on brand

management, and the third day on quality and infection prevention. In addition, the training manual for “Smiling Sun Franchise Operation and Management” was translated from English to Bangla.

Franchise training. FTST worked with the SSFP conversion team and, with FOT doctors, conducted franchise training for eight franchisees on clinical services management. The training covered management of all the components of essential services package, infection prevention, laboratory services, rational drug use, and quality of care.

Mexico City Policy (MCP). FTST oriented new SSFP staff on MCP and conducted a refresher session for old staff. In addition, they reviewed and revised MCP monitoring tools — as well as the database — based on last year’s experiences and findings. A comprehensive visit plan was developed and shared with all SSFP staff. FTST and FOT also conducted MCP monitoring visits to 14 clinics and seven franchisee headquarters. The monitoring visit revealed that the service providers had satisfactory knowledge and that their MCP documents were in full compliance with SSFP policies.

Counseling. During Year 2, 78 counselors from the network received training in counseling. The training assists them to build their capacity to counsel and in turn will help them to retain clinic customers.

C. Cross-Cutting Filters

Gender: SSFP strives to involve men in reproductive healthcare by educating them about pregnancy and delivery complications, birth planning, and emergency preparedness. To ensure men’s involvement, community support groups were established this year. The Franchise Technical Support Team (FTST) developed a curriculum on male involvement in birth planning and emergency preparedness, and trained clinic managers. Clinic managers, in turn used the curriculum to train other clinic staff, service providers, and community service providers. All Smiling Sun network required staff have been trained.

Youth: In the first week of December, SSFP participated in USAID/Bangladesh’s student outreach tour to Sirmangal. During this tour, development studies students from Dhaka University, journalists, and USAID officials were briefed by SSFP’s chief of party and health training specialist. The group visited SSHS franchisee SUPPS’s Moulvibazar clinic. To gain an understanding of SSFP activities, participants met service providers, clients, and beneficiaries and observed service delivery during the tour. The visit was successful in sharing USAID and SSFP joint successes in providing and improving quality healthcare to all Bangladeshis. Very recently Grameen Phone showed their interest in working with SSFP to establish a hotline for youth; this is ongoing and anticipated in Quarter 1 of Year 3. The Smiling Sun network is also looking into carrying out the concept of a virtual youth center with the clinics. The service providers will ensure confidentiality of the information of youth customers and treat them with respect.

Corruption. In support of its internal campaign to promote its code of ethics, SSFP brought in Ethics Advisor Amy Rademacher, to review a draft version of “Ethical Guidelines” and prepare a final version. This has been disseminated, upon approval by the SSHS board, to all franchisees. SSFP also finalized the Statement of Values, which conveys to clients, beneficiaries, and partners the values of the organization and the behavior they can expect from network employees. In the second quarter, SSFP was reminded of the importance of reinforcing ethical guidelines when, after performing a regular audit visit, SSFP discovered that one NGO’s actions had violated grant agreement

conditions, made unauthorized and reckless use of project assets and funds, and had deliberately hidden relevant information, causing a situation with potential deleterious consequences for the project. SSFP acted firmly and terminated the organization in cost effective manner and in full alignment with organizational principles.

SECTION III. PERFORMANCE MONITORING PLAN

Smiling Sun clinics made 28.5 million total service contacts during Year 2 implementation. During second year the project has achieved its targets on training, deliveries, new born care, couple-years of protection and counseling visits for FP/RH. It did not meet proposed targets in some service-related indicators (ANC, pneumonia, diarrhea and DPT3), in spite of the important improvement in service output experienced during the last third part of the year. Project cost recovery rate is 34 percent, which is very close to the 35% proposed. It is important to mention that while the network improved its financial performance, close to 26% of all services provided reached the poor.

Approach to Monitoring Evaluation, Analysis and Decision Making

Performance monitoring is an ongoing process that allows managers to determine whether activities are making progress towards its intended results. Performance information plays a critical role in planning and managing decisions.

SSFP MIS team organized three one-day workshops for the Project Directors and MIS Officers (or responsible persons for MIS activities of some NGOs) to increase the capacity of NGOs in using data for project performance improvement and decision making. Fifty five NGO staff participated in these workshops for significant increase in project performance and using data in decision making at clinic and NGO level. In these workshops 29 NGOs revised and re-developed quarterly action plans considering their performance issues with the technical assistance from concerned SSFP's team leaders and FOT members. Immediately after the performance monitoring workshop, NGOs are having similar type of workshop with their clinic managers and develop the clinic wise quarterly action plan to meet performance deficiencies.

Design of Monitoring and Evaluation System

Developed ACCESS based Business Plan Database. SSFP has developed an ACCESS based business plan database along with comprehensive guideline. NGOs and concerned SSFP colleagues have been oriented on the ACCESS based business plan database to ensure the uniformity of the information. SSFP also helped all NGOs in preparing 348 business plans. Using the analyzing features of this database we have analyzed and provided feedback to NGOs to improve their business plans. Finally, helped all NGOs and SSFP colleagues and ensured relevant data to set appropriate targets in 319 business plans.

Updated ACCESS based QMS database. Some modules in the QMS tool have been modified as per the program needs. Accordingly, SSFP have updated the ACCESS based QMS database to capture all new features. MIS team has reoriented the NGO Monitoring Officers (MOs) on the revised QMS database.

Updated financial monitoring tool available in the web based MIS. Some changes have been made in the financial monitoring tool as per the grants requirements. Accordingly, SSFP have updated the web based financial dashboard to capture all new requirements.

ANNEX A. NGO TRAININGS

Name of the Course	Phase - 01, Implemented by SSFP (TOT)	Phase - 02, Implemented by Franchisee HQ	Phase - 03, Implemented by SS Clinics	
	Total Participant (Staff)	Total Participant (Staff)	Total Participant (Staff)	Total Participant (CSP)
Management Training				
Smiling Sun program Management, Monitoring & Effective Supervision	134	1274	N/A	N/A
Clinical Service Management	138	1274	N/A	N/A
Marketing & Branding Promotion	192	1274	N/A	N/A
TOT Management	146	N/A	N/A	N/A
Orientation on Smiling Sun Clinic Management and care	N/A	N/A	3142	5490
Sub Total	610	3822	3142	5490
Financial Procurement, Inventory and Logistic Management Training				
Financial Management	82	507	N/A	N/A
Procurement and Logistic Management	82	507	N/A	N/A
Sub Total	164	1014	N/A	N/A
Capacity Building				
Basic training on Brand and Promotion	278			
Sub Total	278	0	N/A	N/A
Total	1052	4836	3142	5490

ANNEX B: CLINICAL TRAININGS

Name of training	Duration	Trainees	Number of Participants (Core Training Group)	
Child Health:				
Facility IMCI	11 days	All Medical Officers and all Paramedics of each clinic	Medical Officers: 40	Paramedics: 128
TOT on Community-IMCI	6 days	At least one Paramedic and one Service Promoter of each SS clinic	Paramedics: 40	Service Promoter:8
Family Panning:				
Family Planning Clinical Services Course	12 days	All Paramedic of each SS clinic	Paramedic: 188	
Norplant	5 days	At least one Medical Officers and one Paramedic of each Norplant offering SS clinic	Medical Officers: 6	Paramedics: 0
NSV	8 days	At least one Medical Officers and one Paramedic of each NSV offering SS clinic	Medical Officers: 4	Paramedics: 4
Tubectomy	12 days	At least one Medical Officers and one Paramedic of each Tubectomy offering SS clinic	Medical Officers: 0	
Maternal health:				
Other Reproductive Health	6 days	All Paramedic of each SS clinic	Paramedic: 100	
Safe Delivery	21 days	All Medical Office and all Paramedics of Safe Delivery and Home Delivery unit of SS clinic	Medical Officers: 6	Paramedics: 62
VIA	15 days	Medical Officer and Paramedic	Medical Officers: 2	Paramedics: 22
PAC (clinical)	5 days	Medical Officers and Paramedics (of Ultra clinics)	Medical Officers: 02	Paramedics: 04
Counseling:				
Counselling	3 days	All counsellor of each SS clinic	Counsellor: 78	
STI/RTI:				

Name of training	Duration	Trainees	Number of Participants (Core Training Group)	
STI/RTI	5 days	At least one Medical Office and one Paramedic of each SS clinic	Medical Officers: 14	Paramedics: 73
<i>Infection Prevention:</i>				
Infection Prevention	3 days	At least one Medical Office and one Paramedic of each SS clinic	Medical Officers: 13	Paramedics:72

ANNEX C. PROGRAM INDICATOR

Indicator	Baseline	Year 1 Target	Year 1 Achievements (Oct 2007 to Sept 2008)	Year 2 Target	Year 2 Achievements (Oct 2008 to Sept 2009)
Couple-years of protection in USG-supported programs (in millions)	0.90	0.97	1.24	1.295	1.41
Number of people trained in FP/RH with USG funds	166	TBD	1,049	5,149	6,637
Number of counseling visits for FP/RH as a result of USG assistance (in millions)	1.65	1.73	1.88	1.98	2.11
Number of people that have seen or heard a specific USG-supported FP/RH message (in millions) ¹	N/A	N/A	N/A	Not Applicable	Not Applicable
Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services	0	4	6	18 ²	17
Number of new approaches successfully introduced through USG-supported programs	0	1	5	11	10
Number of USG-assisted service delivery points providing FP counseling or service	15,201	15,368	14,954	15,449 ³	14,698
Amount of in-country public and private financial dollars leveraged by USG programs for FP/RH (in millions)	4.97	5.02	5.00	5.12	5.21
Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the service delivery point ⁴	205	N/A	234 (175 for Norplant)	Not Applicable	227 (177 for Norplant)

¹ SSFP can avoid this indicator since it is costly to get the number.

² Initially 19 policies were proposed but one (workforce compensation policy) was dropped in the final version of the Year 2 work plan.

³ Smiling Sun Franchise Program was not allowed to expand clinics

⁴ SSFP has no control over the distribution of contraceptive commodities. We will report this data but will not set targets.

Indicator	Baseline	Year 1 Target	Year 1 Achievements (Oct 2007 to Sept 2008)	Year 2 Target	Year 2 Achievements (Oct 2008 to Sept 2009)
Number of medical and paramedical practitioners trained in evidence-based clinical guidelines	24	TBD	101	900	1,158
Number of postpartum/newborn visits within three days of birth in USG-assisted programs	8,000	8,400	12,714	13,985	15,094
Number of antenatal care visits by skilled providers from USG-assisted facilities (in millions)	1.17	1.19	1.00	1.23	0.923
Number of people trained in maternal/newborn health through USG-supported programs	86	TBD	1,028	4,775	9,944
Number of deliveries with a skilled birth attendant in USG-assisted programs	8,000	8,400	12,714	13,985	15,094
Number of people trained in child health and nutrition through USG-supported health programs	2,549	TBD	971	8,055	10,124
Number of women receiving active management of the third stage of labor through USG-supported programs	N/A	6,132	9,280	10,209	12,709
Number of infants (less than 1 yr) receiving antibiotic treatment for infection from appropriate health workers through USG-supported programs	N/A	TBD	66,146	75,000	54,747
Number of newborns receiving essential newborn care through USG-assisted programs	8,000	8,400	12,714	13,985	15,094
Number of cases of child (<5 yrs) pneumonia treated with antibiotics by trained facility or community health workers in USG-supported programs	161,585	169,664	144,582	181,541	120,971
Number of children less than 12 months of age who received DPT3 from USG-supported programs	289,801	295,597	271,550	304,465	259,286
Number of children under five years of age who received vitamin A from USG-supported programs	351,648	369,230	233,355	395,077	1,465,954
Number of cases of child (<5 yrs) diarrhea treated in USAID-assisted programs	1.98	2.07	1.71	2.23	1.643

Indicator	Baseline	Year 1 Target	Year 1 Achievements (Oct 2007 to Sept 2008)	Year 2 Target	Year 2 Achievements (Oct 2008 to Sept 2009)
(in millions)					
Number of health facilities rehabilitated	N/A	25	26	160 ⁵	115
Number of people covered with USG-supported health financing arrangements (in millions)	7.18	7.99	7.3	8.93	7.33
Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs	N/A	0	0	0	20
Percentage of USG-assisted facilities providing staff with a written performance appraisal	100%	100%	100%	100%	100%
Assessment of USG-assisted clinic facilities compliance with clinical standards	100%	100%	100%	100%	100%
Case notification rate in new sputum smear positive pulmonary TB cases in USG-supported areas	TBD	71	72	75	79
Number of people trained in DOTS with USG funding	44	TBD	17	111	111
Average population per USG-supported TB microscopy laboratory	71,115	85,000	65,000 (abolished slums)	70,000	70,000
Percent of USG-supported laboratories performing TB microscopy with more than 95% correct microscopy results	75%	78%	70%	82%	70%
Percent of cost recovery	25%	25%	31%	35%	34%
Percent of poor service contacts	26%	27%	27%	28%	26%
Smiling Sun Franchise manager established -Franchisor registration complete -Management contract signed between contractor and franchisor -Board of directors and Membership Council established and meeting regularly	N/A	1,2,3,4,5,6	4,5,6	6,7	2,4,7,8

⁵ In year 2 work plan SSFP revised the number of clinics that would be maintained/updated for Year 2 to 120.

Indicator	Baseline	Year 1 Target	Year 1 Achievements (Oct 2007 to Sept 2008)	Year 2 Target	Year 2 Achievements (Oct 2008 to Sept 2009)
-Franchise systems, operating procedures, and standards developed -Franchise service package developed -Systems for tracking sub-franchisor compliance with franchise standards implemented -Board meetings and management council meetings held -Subcontract signed between contractor and franchisor -Staff, management, and financial systems are transferred from contractor to franchisor					
Percent of external funds in Smiling Sun Health Franchise budget	0%	5%	Not available	10%	Not Applicable
Percent of NGOs complying with franchise standards	0%	100%	100%	100%	100%
Percent of NGOs receiving subcontracts from the franchisor	0%	0%	0%	70%	Not Applicable
Percent of franchisor's total budget paid by sources other than USAID	25%	30%	N/A	45%	Not Applicable
Cost per service contact (in Tk)	21.38	19.6	20.11	20.45	22.90
Percent of NGOs paying franchise fees from non-USAID sources	0%	0%	0%	30%	Not Applicable
Total number of clinics (targets set by static & satellite)	319 8,516	335 8,666	319 8,508	366 8,716	320 8,545
Percent of service contacts by franchise option	N/A	N/A	Vital- 89% Ultra- 11%	TBD	Vital- 90% Ultra- 10%
Total service contacts (in millions) ⁶	27.6	29.5	27.2	31.7	28.5
Average composite quality monitoring system scores for clinics ⁷	N/A	TBD	86 (scored by NGO)	TBD	Not Available

⁶ This indicator is defined differently than under NSDP. This indicator is based on all service-contacts; that is, ESD service-contacts plus other service-contacts.

⁷ SSFP intend to report findings of an external auditor, not NGO self-reporting as was reported by NSDP. Therefore, no data exists. The first external audit will become the baseline and targets will be set thereafter.

Indicator	Baseline	Year 1 Target	Year 1 Achievements (Oct 2007 to Sept 2008)	Year 2 Target	Year 2 Achievements (Oct 2008 to Sept 2009)
Number of clinics with a quality management system in place	319	836	638	1,367	640
Number of monitoring plans prepared by the USG	1	1	2	1	3
Number of institutions with improved MIS as a result of USG-assistance	0	30	29	30	29
Number of institutions that have used USG-assisted MIS system information to inform administrative/management decisions	0	55	32	160	32
Number of people trained in monitoring and evaluation with USG assistance	0	55	61	150	226
Number of people trained in strategic information management with USG assistance	0	165	212	480	313
Number of information gathering or research activities conducted by the USG	N/A	0	3	7	7